

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL.: 587-0460 FAX: 587-0470

RECEIVED

LOBBYIST REGISTRATION FORM

(See back of this form		<u></u>	<u> 70 -4 40 :45</u>
	i Ciearry)	<u> </u>	Fig. 1 Lite
PART I LOBBYIST			
NAME(Last) (First)	(Middle)	37.4	TELEPHONE
MORRIS GEORGE	A. 'RED'	TATE ET	(808) 531-4551
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
	IONOLULU	HI	96813
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE			
G. A. MORRIS, INC.			(808)531-4551
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
222 S. VINEYARD STREET, SUITE #401	IONOLULU	HI	96813
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
HAWAII STATE TOWING ASSOCIATION			(808) 847-7811
MAILING ADDRESS (Street)	(City)	(State)	(Zin Code)
1040 MAKEPONO STREET, HONOLULU, HI 96819-4336	(,,	(State)	(Zip Code)
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION	'S EXPENDITURES STATE	MENT	TELEPHONE
MELODY T. BUTAY	4. •		(808) 531-4551
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
222 S. VINEYARD ST., STE. 401, HONOLULU, HI 968	313-2453		
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
TAIL III DECOMPTION OF SUBJECTS UPON WHIC	H TOU EXPECT TO	FORBA	
Agriculture Education	Human Services	□ s	cience, Technology & conomic Development
Communications & Government Operations & Finance	Intergovernmental F		ourism & Recreation
Consumer Protection & Hawaiian Affairs Commerce	Labor & Employmen	nt Ti	ransportaion
Culture, Arts, Historic Health Preservation	Planning, Land & W Use Management	ater 🗀 O	ther: (indicate below)
Ecology, Energy, Housing	Public Safety & Con	rections	
PART IV CERTIFICATION OF LOBBYIST			
I hereby certify that the information furnished above is,	to the best of my know	vledae, correct	and complete
		2/3/03	<u> </u>
(Signature of Lobbyist)		(Date)
PART V AUTHORIZATION TO LOBBY		· · · · · · · · · · · · · · · · · · ·	
NAME	TITLE OF AUTHORIZING	OFFICER OR PFI	RSON REPRESENTED
JAN WAKAYAMA	PRESIDENT		
NAME OF ORGANIZATION (if applicable)			TELEPHONE
HAWAII STATE TOWING ASSOCIATION		İ	(808) 847-7811
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
SAME AS ABOVE			j
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
Xoulvateran.	· -	01/3/1	103
(Signature of Authorizing Officer or Person Represente	d)	(Date)